

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12865</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Joseph</u> <u>Wojciechowski</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>200 Summerfield Street</u> City <u>Scarsdale</u> State <u>New York</u> ZIP Code + 4 <u>10583</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 812 IBT</u> Labor Organization File Number <u>001-620</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>200 Summerfield Street</u> City <u>Scarsdale</u> State <u>New York</u> ZIP Code + 4 <u>10583</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8/15/2005</u> Date	<u>914 472 5800</u> Telephone Number

Name of Person Filing Joseph Wojciechowski

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Amalgamated Bank of New York

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 15 Union Square

City New York

State New York ZIP Code + 4 10003

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 812 Healthn Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 202 Summerfield Street

City Scarsdale

State New York ZIP Code + 4 10583

11.a. Nature of such dealing.

Provides banking services

11.b. Approximate dollar value of such dealing.

\$8,000

12.a. Nature of interest held or income received.

Joseph Wojciechowski was provided a meal on 7/27/2004 to discuss Fund banking issues the value of which is

12.b. Amount.

\$38

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.a. Nature of payment.

14.b. Amount of payment.

Name of Person Filing Joseph Wojciechowski

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Amalgamated Bank of New York

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 15 Union Square

City New York

State New York ZIP Code + 4 10003

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 812 Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 202 Summerfield Street

City Scarsdale

State New York ZIP Code + 4 10583

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

11.a. Nature of such dealing.

Provides banking services

11.b. Approximate dollar value of such dealing.

\$8,000

12.a. Nature of interest held or income received.

Holiday gift blanket, the value of which is

12.b. Amount.

\$38

Name of Person Filing Joseph Wojciechowski

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Novak Francella LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street Two Bala Plaza

City Bala Cynwyd

State Pennsylvania

ZIP Code + 4 19004

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

provides accounting services

11.b. Approximate dollar value of such dealing.

\$18,000

12.a. Nature of interest held or income received.

Novak Francella provided a meal on 3/15/2004 to discuss union accounting issues

12.b. Amount.

\$217

Name of Person Filing Joseph Wojciechowski

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Local 812 Retirement Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 188 Summerfield Street

City Scarsdale

State New York

ZIP Code + 4 10583

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State New York

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Local 812 Retirement Fund is a related organization to Teamsters Local812 IBT. The Fund paid for expenses related totrustee attendance at IFEBP conferences in n.c. and annual IFEBP dues. The trustee didnt attend New Orleans conferenc,Fund was reimbursed.

12.b. Amount.

\$1,565

Name of Person Filing Joseph Wojciechowski

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Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Local 812 Retirement Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 188 Summerfield Street

City Scarsdale

State New York

ZIP Code + 4 10583

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

The Local 812 Retirement Fund is related organization to Teamsters Local 812 IBT. The Fund paid the trustee expenses to attend an investment conference in Hollywood, FL during April 2004.

12.b. Amount.

\$1,365

Name of Person Filing Joseph Wojciechowski

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Local 812 Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 202 Summerfield Street

City Scarsdale

State New York ZIP Code + 4 10583

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Local 812 Health Fund is a related organization to Teamsters Local 812 IBT. The Fund paid the annual trustee dues of IFEPB

12.b. Amount.

\$75

Name of Person Filing Joseph Wojciechowski

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name James Green Esq.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 214

Street 900 Merchants Concourse

City Westbury

State New York ZIP Code + 4 11590

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Provides legal services

11.b. Approximate dollar value of such dealing.

\$48,000

12.a. Nature of interest held or income received.

Joseph Wojciechowski was provided a holiday gift.
The value of the gift was

12.b. Amount.

\$277

Name of Person Filing Joseph Wojciechowski

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Blitman & King LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Franklin Center Suite 300

Street 443 North Franklin Street

City Syracuse

State New York ZIP Code + 4 13204

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 812 Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 202 Summerfield Street

City Scarsdale

State New York ZIP Code + 4 10583

11.a. Nature of such dealing.

Provides legal services

11.b. Approximate dollar value of such dealing.

\$100,000

12.a. Nature of interest held or income received.

Mr Wojciechowski, Fund Trustee was provided a meal to discuss Fund issues. The cost of the meal was

12.b. Amount.

\$65

Name of Person Filing Joseph Wojciechowski

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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Pryor Cashman Sherman & Flynn LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 410 Park Avenue

City New York

State New York

ZIP Code + 4 10022

14.a. Nature of payment.

In December 2004, in celebration of Christmas/Chanukah holidays, as a gesture of goodwill a gift of a fruit basket was made to Mr. Wojciechowski

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$87

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Joseph Wojciechowski

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Lazard Asset Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 30 Rockefeller Plaza

City Scarsdale

State New York ZIP Code + 4 10112

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 812 Retirement Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 188 Summerfield Street

City Scarsdale

State New York ZIP Code + 4 10583

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

11.a. Nature of such dealing.

Provides investing services

11.b. Approximate dollar value of such dealing.

\$100,000

12.a. Nature of interest held or income received.

Mr Wojciechowski, Trustee, Teamsters Local 812 Retirement Fund was provided a meal on February 13, 2004 to discuss investment issues. The pro rata cost of the meal was

12.b. Amount.

\$118

Name of Person Filing Joseph Wojciechowski

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Independent Fiduciary Services, Inc

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1120

Street 805 15th Street NW

City Washington

State New York ZIP Code + 4 10583

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 812 Retirement Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 188 Summerfield Street

City Scarsdale

State New York ZIP Code + 4 10583

11.a. Nature of such dealing.

Provides investment monitoring services

11.b. Approximate dollar value of such dealing.

\$150,000

12.a. Nature of interest held or income received.

Trustee Wojciechowski was provided breakfast, lunch, refreshments and other amenities, totalling in the aggregate 379. for a during a 2 day IFS investment seminar.

12.b. Amount.

\$379